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Bib Data Sheet

CONFIRMATION NO. 1913

SERIAL NUMBER 10/698,692	FILING DATE 10/31/2003 RULE	CLASS 264	GROUP ART UNIT 1732	ATTORNEY DOCKET NO. AZMED.0100
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APPLICANTS

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MSD

** CONTINUING DATA *****

*None**MSD*

** FOREIGN APPLICATIONS *****

*None**MSD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 66	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

Methods and apparatus for intraluminal device

FILING FEE RECEIVED 885	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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